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Metastasis to One Lymph Node from Two Colonic Carcinomas

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MULTIPLE SYNCHRONOUS intestinal neoplasms are not rare. Lesions metastatic from them generally occur independently. The case here reported demonstrates an unusual and therefore interesting metastatic pattern. Metastasis to the same lymph node in the adjacent mesentery occurred from two separate but adjacent colonic carcinomas.

Report of a Case

A 68-year-old woman noted increasing tiredness for two months. She denied gastrointestinal symptoms and had recognized no blood at stool. General examination showed no abnormalities other than pallor. Results of laboratory studies showed hemoglobin of 8 grams per 100 ml; erythrocytes 3.9 million per cu mm; hematocrit 28 percent. A barium enema study revealed several lesions, sessile and polypoid, in the cecum and ascending colon.

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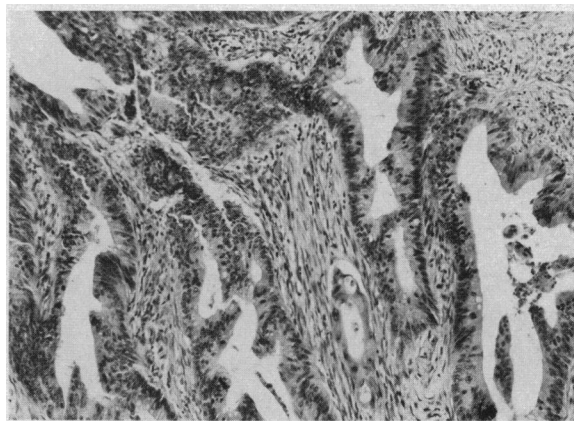


Figure 1.—Microphotograph of polypoid carcinoma of cecum. ($\times 400$)

At laparotomy a fungating cecal tumor near the ileocecal valve was observed. It was 6 cm in diameter and protruded 2.5 cm into the lumen. Eight centimeters distal to that lesion, in the ascending colon, was a plaque of ulcerated tumor, 2.5 cm in diameter, causing induration of all layers. The mucosa between the two carcinomas contained two small (0.5 cm and 0.2 cm) benign polyps. One firm 1.5 cm lymph node lay in the mesentery adjacent to the more distal carcinoma. Several small soft lymph nodes were found in the remainder of the mesentery.

Microscopic examination demonstrated the cecal tumor to be a polypoid carcinoma penetrating only to the muscularis, composed of proliferating glands of irregular and complex shapes lined by tall columnar cells (Figure 1). The second lesion was entirely ulcerative and endophytic, composed of solid nests of tumor cells, with small central spaces, the larger of which showed central necrosis. The morphologic pattern of this tumor (Figure 2) differed significantly from that of the cecal tumor, indicating it was a separate primary carcinoma.

The pattern of metastasis was unusual. The larger firm lymph node contained lesions metastatic from both the primary tumors (Figure 3). One of the small soft nodes had a single metastatic deposit resembling the polypoid lesion.

Discussion

Many observers¹⁻¹² have reported multiple malignant lesions of the intestine. The incidence is variously reported from 1.2 to 9 percent of all colonic cancers. Slaughter noted that multiple neoplasms occur more commonly in the gastro-

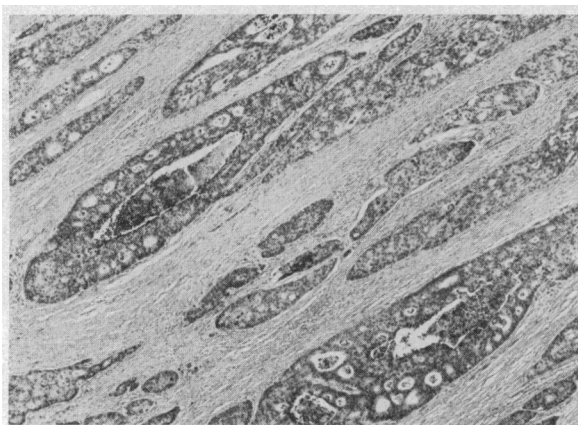


Figure 2.—Microphotograph of ulcerative carcinoma of ascending colon. ($\times 400$)

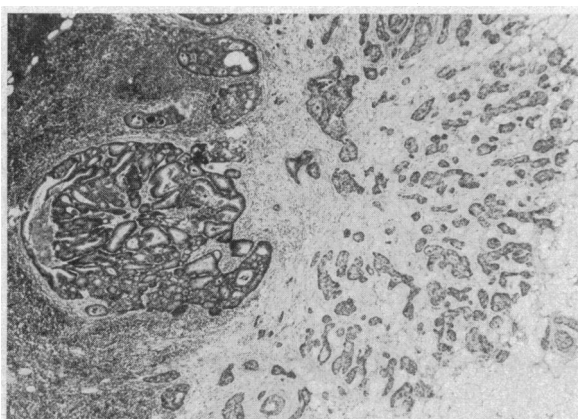


Figure 3.—Microphotograph of mesocolic lymph node with metastasis from both carcinomas. ($\times 400$)

intestinal tract than in other single organs. Moertel noted that often in such cases the primary lesions are close to each other.

The occasional metastasis of one tumor into another has been termed "collision."¹³ Although there are several reports of collision metastasis¹³⁻¹⁵ we find no report of a case similar to this one, in which there was metastasis to a single lymph node from two primary carcinomas.

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Fatal Coccidioidomycosis

Report of Two Cases

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The presence of coccidioidomycosis in the dry Southwestern part of the United States and in Northern Mexico has been known since 1896.¹ In 1969, California reported 349 infections while Arizona reported 537. The mortality in the United States averages 53 cases per year.² The disease is also endemic in South America and in sections of Central America. In California it is endemic in the southern part of the Central Valley, especially the San Joaquin Valley near Bakersfield.³ Recently, cases have been reported from certain areas of the northern Central Valley.⁴ Whether this expansion of the endemic area represents a wider dissemination of *Coccidioides immitis* or increased clinicopathological awareness is not known.

The clinical presentation and the pathologic changes of the human infection caused by *Coccidioides immitis* have been well documented. At this hospital, we have recently encountered

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